

00783725

PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875			Application or Docket Number
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CLAIMS AS FILED - PART I			OTHER THAN SMALL ENTITY																			
(Column 1)		(Column 2)																				
FOR	NUMBER FILED	NUMBER EXTRA	OR																			
BASIC FEE (37 CFR 1.16(a))			RATE	FEES																		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*	INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*	X \$ _____ =		MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			X \$ _____ =					+ \$ _____ =					TOTAL	TOTAL
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*	X \$ _____ =																			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			X \$ _____ =																			
			+ \$ _____ =																			
			TOTAL	TOTAL																		

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II			OTHER THAN SMALL ENTITY																					
(Column 1)		(Column 2)		(Column 3)																				
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	OR																			
	Total (37 CFR 1.16(c))	* 35	Minus	** 35	=	RATE	ADDITIONAL FEE																	
	Independent (37 CFR 1.16(b))	* 12	Minus	*** 14	=	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			X \$ _____ =					X \$ _____ =					+ \$ _____ =					TOTAL ADD'L FEE
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			X \$ _____ =																					
			X \$ _____ =																					
			+ \$ _____ =																					
			TOTAL ADD'L FEE	TOTAL ADD'L FEE																				

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	OR																											
	Total (37 CFR 1.16(c))	*	Minus	**	=	RATE	ADDITIONAL FEE																									
	Independent (37 CFR 1.16(b))	*	Minus	***	=	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					X \$ _____ =							X \$ _____ =							+ \$ _____ =							TOTAL ADD'L FEE
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					X \$ _____ =																											
					X \$ _____ =																											
					+ \$ _____ =																											
					TOTAL ADD'L FEE	TOTAL ADD'L FEE																										

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	OR																											
	Total (37 CFR 1.16(c))	*	Minus	**	=	RATE	ADDITIONAL FEE																									
	Independent (37 CFR 1.16(b))	*	Minus	***	=	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					X \$ _____ =							X \$ _____ =							+ \$ _____ =							TOTAL ADD'L FEE
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					X \$ _____ =																											
					X \$ _____ =																											
					+ \$ _____ =																											
					TOTAL ADD'L FEE	TOTAL ADD'L FEE																										

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

09783425

Application or Docket Number

10591-003008

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

CLAIMS AS FILED - PART I

(Column 1)	(Column 2)
TOTAL CLAIMS	31
FOR	NUMBER FILED
TOTAL CHARGEABLE CLAIMS	31 minus 20= 11
INDEPENDENT CLAIMS	14 minus 3= 11
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		(Column 2)	(Column 3)
			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	• 30	Minus	.. 31	=
Independent	• 13	Minus	... 14	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY
RATE	Fee
BASIC FEE	355.00
OR	BASIC FEE 710.00
X\$ 9=	
OR	X\$18=
X40=	
OR	X80=
+135=	
OR	+270=
TOTAL	TOTAL

SMALL ENTITY	OTHER THAN OR SMALL ENTITY
RATE	ADDI- TIONAL FEE
X\$ 9=	
OR	X\$18=
X40=	
OR	X80=
+135=	
OR	+270=
TOTAL ADDIT. FEE	TOTAL ADDIT. FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		(Column 2)	(Column 3)
			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	• 33	Minus	.. 31	= 2
Independent	• 13	Minus	... 14	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		(Column 2)	(Column 3)
			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	• 33	Minus	.. 31	= 2
Independent	• 13	Minus	... 14	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		(Column 2)	(Column 3)
			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	• 35	Minus	.. 33	= 2
Independent	• 12	Minus	... 14	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

- 9-24-04
- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 - The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.